## 2023 BLUE CROSS & BLUE SHIELD ANNUAL HEALTH INSURANCE RENEWAL

The table below show the premium cost for health insurance for calendar year 2023. Included in the table is the premium cost for calendar year 2022 for comparison.

The BCBS Gold CDHP (H.S.A) plan had a premium increase of 11.59% and the BCBS Platinum plan had a premium increase of 11.31%.

					М	onthly			Change in		
					Premium				Annual		
			CY22	CY23 Change		CY22	CY23	Premium	% Change		
		١	/lonthly	Monthly	from CY22		Annual	Annual	CY22 to	from CY22 to	
GOLD CDHP		Р	remium	Premium	to	CY23	Premium	Premium	CY23	CY23	
Single		\$	723.92	\$ 807.84	\$	83.92	\$ 8,687.04	\$ 9,694.08	\$ 1,007.04	11.59%	
Two Per	son	\$	1,447.84	\$1,615.68	\$	167.84	\$17,374.08	\$19,388.16	\$ 2,014.08	11.59%	
Parent/0	Child	\$	1,397.17	\$1,559.13	\$	161.96	\$16,766.04	\$18,709.56	\$ 1,943.52	11.59%	
Family		\$	2,034.22	\$2,270.03	\$	235.81	\$24,410.64	\$27,240.36	\$ 2,829.72	11.59%	

				Mc	onthly						
				Premium							
		CY22 CY23		Change		ange CY22		Change in		% Change	
	Мо	nthly	Monthly from CY22		Annual	Annual	Annual		from CY22 to		
PLATINUM	Premium Pi		Premium	to CY23		Premium	Premium	ım Premium		CY23	
Single	\$	882.05	\$ 994.55	\$	112.50	\$10,584.60	\$11,934.60	\$	1,350.00		11.31%
Two Person	\$	1,764.10	\$1,989.10	\$	225.00	\$21,169.20	\$23,869.20	\$	2,700.00		11.31%
Parent/Child	\$	1,702.36	\$1,919.48	\$	217.12	\$20,428.32	\$23,033.76	\$	2,605.44		11.31%
Family	\$	2,478.56	\$2,794.69	\$	316.13	\$29,742.72	\$33,536.28	\$	3,793.56		11.31%

## The BCBS Gold CDHP Plan Changes are

- Deductible increase from \$2,550 Single and \$5,100 for two person, parent/child or family in 2022 to \$2,675 single and \$5,350 for two person, parent/child or family 2023.
- The out of pocket maximum for pharmacy was \$1,400 in 2022. For 2023 that increased to \$1,500

## The BCBS Platinum Plan Changes are

• Deductible increased from \$400 single or \$800 for two person, parent/child or family in 2022 to \$425 single to \$850 for two person, parent/child or family in 2023.

• Out of pocket maximum was \$1,400 single and \$2,800 for two person, parent/child or family in 2022 to \$1,500 single to \$3,000 for two person, parent/child or family in 2023.

The table listed below shows the employee weekly contribution amounts towards premium based on the health insurance plan. The two plans are BCBS Gold CDHP (H.S.A.) or the BCBS Platinum plan.

• **USW, AFSCME (DPW) and Non Union** (5% employee contribution for Gold CDHP and 15% employee contribution for Platinum)

There are two (2) charts. One chart is for the GOLD CDHP (H.S.A.) plan and the other is for the BCBS Platinum.

## **GROUP 1 - USW, DPW (AFSCME) and Non Union Staff**

**BCBS Gold CDHP (H.S.A) 5%** 

**BCBS Platinum 15%** 

	Employee Weekly Premium		Employee Weekly Premium
Single	Contribution \$ 9.32	Single	Contribution \$34.43
Two Person	\$18.64	Two Person	\$68.85
Parent/Child	\$ 17.99	Parent/Child	\$66.44
Family	\$ 26.19	Family	\$96.74

The chart below is for staff that wants to remain or anticipates a change to the BCBS Gold CDHP (H.S.A) plan for 2023.

- The City contribution may vary depending on the start date of employment or some of the Unions have different agreements. If you are unsure what the City contribution is for you please contact Rikk Taft.
- The chart will show you the amount fully fund your deductible (recommended Contribution)
- The IRS maximum contribution under the age of 55 years old is \$3,850 single or \$7,750 for Two person, Parent/child or family.
- The IRS maximum contribution over the age of 55 years old is \$4,850 single or \$8,750 for Two person, Parent/child or family.
- IMPORTANT NOTE: If you intend to max out your H.S.A. it is recommended that you round
  down to the nearest dollar to ensure that you do not go over the maximum contribution
  allowed.

										2023	
							2023	*Weekly		Amount	*Weekly
							Amount	Amount To		Needed to	Amount To
						2023 IRS	Needed to	max out	2023 IRS	Max Out	max out
						Max H.S.A.	Max Out	H.S.A.	Max H.S.A.	H.S.A.	H.S.A.
			City	Amount to	Weekly	Contributi	H.S.A.	Contributi	Contributio	Contributi	Contributi
	CY22	CY23	Contributi	fully Fund	Amount to	on Under	Contributi	on Under	n Over 55	on Over 55	on Over 55
	Deductible	Deductible	on to H.S.A	deductible	<b>Fully Fund</b>	55 Y/O	on	55 Y/O	Y/O	Y/O	Y/O
Single- no											
Additional											
\$1000	\$ 2,550.00	\$ 2,675.00	\$ 800.00	\$1,875.00	\$ 36.06	\$ 3,850.00	\$3,050.00	\$ 58.65	\$ 4,850.00	\$4,050.00	\$ 77.88
Single	\$ 2,550.00	\$ 2,675.00	\$1,800.00	\$ 875.00	\$ 16.83	\$ 3,850.00	\$2,050.00	\$ 39.42	\$ 4,850.00	\$3,050.00	\$ 58.65
Two Person	\$ 5,100.00	\$ 5,350.00	\$1,800.00	\$3,550.00	\$ 68.27	\$ 7,750.00	\$5,950.00	\$ 114.42	\$ 8,750.00	\$6,950.00	\$ 133.65
Parent/Child	\$ 5,100.00	\$ 5,350.00	\$1,800.00	\$3,550.00	\$ 68.27	\$ 7,750.00	\$5,950.00	\$ 114.42	\$ 8,750.00	\$6,950.00	\$ 133.65
Family	\$ 5,100.00	\$ 5,350.00	\$2,250.00	\$3,100.00	\$ 59.62	\$ 7,750.00	\$5,500.00	\$ 105.77	\$ 8,750.00	\$6,500.00	\$ 125.00

If you would like to make a plan change for January 1, 2023, I have attached a new enrollment form please fill out the form and return it to Rikk Taft.

I have also included the Declaration of Health Care form for you to complete. Please return this to Rikk Taft prior to December 16, 2022.

If you are unsure about any of this information or would like to discuss the plans in more detail, please reach out to Rikk Taft at 802-793-0789.